



01/08/04

1642

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66654-692 (P-LJ 5100)	
SERIAL NO: 10/032,159	FILING DATE: December 19, 2001	EXAMINER: M. Davis	GROUP ART UNIT: 1642 CONFIRMATION NO.: 3587
INVENTION: CARD-DOMAIN CONTAINING POLYPEPTIDES, ENCODING NUCLEIC ACIDS, AND METHODS OF USE			

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 400 551 865 US

DATE OF DEPOSIT: January 6, 2004

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

Paul C. Davis
(TYPED OR PRINTED NAME OR PERSON MAILING PAPER OR FEE)

Paul C. Davis
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a response to the Restriction Requirement mailed October 6, 2003, in the above-identified application.

X Small Entity status of this application has been established under 37 CFR 1.27.

 One executed Terminal Disclaimer.

X Request for an Extension of Time (in duplicate).

X No additional claims fee is required.

 An additional claims fee is required and has been calculated as shown below:

RECEIVED
JAN 13 2004
TECH CENTER 1600/2900

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED	RATE			FEE	
						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	35	-	40	-	0	x \$9	\$18	=	\$	\$
INDEPEN- DENT CLAIMS	7	-	7	-	0	x \$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										
		_____ YES		_____ X NO		\$140	\$280	=	\$	\$
						TOTAL ADDITIONAL FEE			\$0	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Pawlowski et al.

Serial No.: 10/032,159

Filed: December 19, 2001

Page 2

- X Please charge my Deposit Account No. 502624 the amount of \$210.00, which covers the fee for a two-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

January 6, 2004

Date

McDERMOTT, WILL & EMERY
4370 La Jolla Village
Drive, 7th Floor
San Diego, California
92122

Pamela M. Guy
Pamela M. Guy
Registration No. 51,228
Telephone No. (858) 535-9001
Facsimile No. (858) 535-8949